

JUL. 22. 2005 10:00AM

PABST PATENT GROUP

NO. 4961 P. 1

PABST PATENT GROUP



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TELEFAX

Date: July 22, 2005

Total pages: 9 with fax
cover

To: USPTO

Telephone:

Telefax: 571-273-8300

From: Patrea Pabst

Telephone: 404-879-2151

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Our Docket No. LEN 101 CIP CON
Your Docket No.

Client/Matter No: 077829-00009

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: M. Rigdon Lentz

Serial No: 09/699,003 Art Unit: 3762

Filed: October 26, 2000 Examiner: P. Bianco

For: METHODS AND COMPOSITIONS FOR TREATMENT OF CANCERS

Attachments:

Transmittal Form PTO/SB/21; Fee Transmittal PTO/SB/17; Amendment and Response

(45058606.1)

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PABST PATENT GROUP

NO. 4961 P. 2

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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**TRANSMITTAL
FORM**

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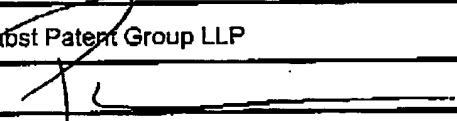
Total Number of Pages in This Submission

Application Number	09/699,003
Filing Date	October 26, 2000
First Named Inventor	M. Rigdon Lentz
Art Unit	3762
Examiner Name	Patricia Bianco
Attorney Docket Number	LEN 101 CIP CON

ENCLOSURES (Check all that apply)

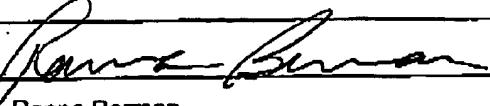
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	July 22 2005	Reg. No.	31,284

CERTIFICATE OF TRANSMISSION/MAILING

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Signature		
Typed or printed name	Ronna Berman	Date
		July 22, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JUL 22 2005 NO. 4961 P. 3

PTO/SB/17 (12-04)

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 60.00)

Complete if Known

Application Number	09/699,003
Filing Date	October 26, 2000
First Named Inventor	M. Rigdon Lentz
Examiner Name	Patricia Bianco
Art Unit	3762
Attorney Docket No.	LEN 101 CIP CON

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 50-3129 Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100

Multiple dependent claims 360 180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
15 - 20 or HP =	0	x 0.00	= 0.00			

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
2 - 3 or HP =	0	x 0.00	= 0.00			

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)

- 100 = / 50 = (round up to a whole number) x =

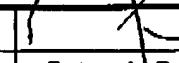
Fees Paid (\$)

4. OTHER FEE(S)

Non-English Specification \$130 fee (no small entity discount)

Other: One month extension of time \$60.00

SUBMITTED BY

Signature		Registration No. <input type="checkbox"/> 31,284	Telephone <input type="checkbox"/> (404) 879-2151
Name (Print/Type)	Patrete L. Pabst	Date <input type="checkbox"/> July 22, 2005	

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